

Payroll Deduction Change/Termination

Name: _____

Which payroll deduction(s) would you like to change?

Policy Name	Amount currently taken out
_____	\$ _____
_____	\$ _____
_____	\$ _____

New Policy Name	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Please make this effective on _____

Please allow 15-30 days to see effective on your payroll.

Signature

Date

Terminate Deduction

Please terminate _____
(policy name), effective _____ (date). I understand that the
payroll office will notify me should I be required to complete any additional
paperwork and this may take 15-30 days to be effective on your payroll.

Signature

Date